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# TRANSMITTAL FORM

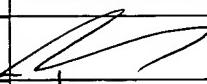
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b> 10/603,794
		<b>Filing Date</b> June 25, 2003
		<b>First Named Inventor</b> Syed F.A. Hossainy
		<b>Group Art Unit</b> 1762
		<b>Examiner Name</b> Unassigned
<b>Total Number of Pages in This Submission</b>	26	<b>Attorney Docket Number</b> 50623.221

**ENCLOSURES (check all that apply)**

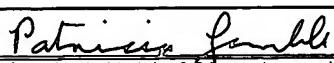
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Postage Paid Return Postcard <input type="checkbox"/> Amendment / Response <input type="checkbox"/> Amendment Transmittal Letter (in duplicate) <input checked="" type="checkbox"/> Declaration & Power of Attorney (9 pages) <input type="checkbox"/> Petition for Extension of Time ( months) (in duplicate) <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and References <input checked="" type="checkbox"/> Express Mail Label No. EV 337 972 682 US <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment & Recordation Cover Sheet (in duplicate) (8 pages)) <input checked="" type="checkbox"/> Submission of Formal Drawings and 6 Sheets of Formal Drawings <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) <input type="checkbox"/> Request for Continued Examination Transmittal (RCE) <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Requested for Corrected Filing Receipt (2 pages) with copy of Filing Receipt corrected in red ink <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	Squire, Sanders & Dempsey L.L.P. Paul J. Meyer, Jr., Reg. No. 47,791		
<b>Signature</b>			
<b>Date</b>	November 7, 2003		

**CERTIFICATE OF MAILING**

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Examiner: Unassigned

Syed F.A. Hossainy et al.

Serial No.: 10/603,794

Art Unit: 1762

Filed: June 25, 2003

Title: THERMAL TREATMENT OF A DRUG ELUTING IMPLANTABLE MEDICAL DEVICE

Attention: Official Draftsperson  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**SUBMISSION OF FORMAL DRAWINGS**

Dear Official Draftsperson:

Applicants submit herewith for filing 6 sheets of formal drawings consisting of Figures 1A, 1B, 1C, 1D, 1E, 2, 3, 4, 5, 6, 7, 8 and 9 for the above-referenced application.

The Commissioner is hereby authorized to charge payment for any deficiency of required fees associated with this communication to Deposit Account 07-1850.

Date: November 7, 2003

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